

With Dr. Adam's Compliments.

*County Buildings,
Stirling.*

SECONDARY EDUCATION COMMITTEE OF THE COUNTY OF STIRLING.

Medical Inspection Staff.

School Medical Officer—

THOMAS ADAM, M.A., M.D., D.P.H.

School Medical Inspectors—

A. JOSEPHINE GARDNER, M.B., Ch.B., D.P.H.
(Resigned May, 1917).

JOHN S. FINDLAY, M.B., C.M., D.P.H.

A. WOOD SMITH, M.D., F.R.F.P.S.G.

JOHN T. PRANGNELL, M.D., D.P.H. (Part time).

Clerk—

BARBARA H. SMITH.

School Nurses—

HELEN D. GIBSON.

ADRA S. MACKENZIE.

Oculists (Part Time)—

JOHN GILCHRIST, M.D., 2 Somerset Place, Sauchiehall Street,
Glasgow.

JOHN B. STEWART, M.B., Ch.B., 20 Charing Cross Mansions,
Glasgow.

Dentists (Part Time)—

ROBERT GALLOWAY, L.D.S., R.C.S., National Bank Build-
ings, Falkirk.

J. LINDSAY BROWN, L.D.S., R.C.S., Simpson's Chambers,
Falkirk.

JAMES W. SOMERVILLE, L.D.S., R.C.S., 4 Viewfield Place,
Stirling.



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NOTE.

The scope of my report on the work of last year is the same as for the preceding year, as Dr. Findlay accepted a second term of service with the R.A.M.C. It may be added that since the conclusion of the school year Dr. Findlay has returned to his civil duties after a period of two years' service in the Army.

COUNTY OF STIRLING.

SECONDARY EDUCATION COMMITTEE.

SEVENTH ANNUAL REPORT ON MEDICAL INSPECTION OF SCHOOL CHILDREN, 1916-17.

County Buildings,
Stirling, November, 1917.

This report on School Medical Inspection in Stirlingshire deals with the period from 1st August, 1916, to 31st July, 1917.

During that period Dr. Findlay, one of the School Medical Inspectors, was still absent on military service, as he undertook to continue his commission in the R.A.M.C. for a second year. As was stated at the beginning of last year's report, it was not considered advisable to appoint a substitute, and a re-arrangement of the work was therefore necessary. During the past year the same re-arrangement was continued, so that the present returns will be strictly comparable with those of the previous year.

The actual work of inspection was carried out by the Medical Inspectors, Dr. A. Josephine Gardner and Dr. J. T. Prangnell, the first named being a whole-time inspector, while Dr. Prangnell is engaged only part-time.

The schools under Dr. Prangnell's care were the same as detailed in the Annual Report for the year 1913-14, and Dr. Gardner, in addition to her own schools, undertook the supervision of Dr. Findlay's also, as set forth on pages 5 and 6 of the 1913-14 report.

The following is the list of the staff employed during the year :—

School Medical Officer—Thomas Adam, M.A., M.D., D.P.H.

School Medical Inspectors—A. Josephine Gardner, M.B., Ch.B., D.P.H.; A. Wood Smith, M.D., F.R.F.P.S.G.; John T. Prangnell, M.D., D.P.H.

School Nurses—Helen D. Gibson, Adra S. Mackenzie.

Clerk—Barbara H. Smith.

Oculists (part time)—John Gilchrist, M.D.; John B. Stewart, M.B., Ch.B.

Dentists (part time)—Robert Galloway, L.D.S., R.C.S.; J. Lindsay Brown, L.D.S., R.C.S.; James W. Somerville, L.D.S., R.C.S.

It is to be recorded that at the end of May Dr. Gardner, on the occasion of her marriage, resigned her post as School Medical Inspector, and the Committee were fortunate in securing the services of Dr. A. Wood Smith as her successor. Dr. Smith has been actively engaged in the work since the middle of June.

The schools in the County which come under the scheme of medical inspection number 92, and the number of children on Register is 30,891, and the average attendance 27,635 for the whole area. It may be said that the figures quoted can only be taken as approximate, as they relate to the year 1914-15, since when such figures have not been published owing to the war.

The number of visits to schools for systematic examination in accordance with the scheme of inspection was as follows:—

Dr. Gardner,	...	...	...	289
Dr. Wood Smith,	...	...	...	7
Dr. Prangnell,	...	...	...	150
Total,	...	...	...	446

The number of special visits paid to schools for purposes other than those of systematic inspection was:—

Dr. Gardner,	...	...	...	51
Dr. Wood Smith,	...	...	...	6
Dr. Prangnell,	...	...	...	21
Total,	...	...	...	78

In addition to these visits, Dr. Gardner spent a considerable time in visiting at their homes physically and mentally defective children in Stirling Burgh. A full report of the conditions found was sent by me to Stirling Burgh School Board.

Diary Sheets.—From the Diary Sheets the following table has been compiled to show at a glance the extent of the work done by the School Medical Inspectors in their areas.

SUMMARY OF DIARY SHEET.

INSPECTOR,	Routine Examination.	Non-Routine Examination.	Time occupied.	
			Hours.	Mins.
Dr A. J. Gardner,	...	7004	5.55	632
Dr A. Wood Smith,	...	95	4	17 30
Dr J. T. Prangnell,	...	2826	273	348 30
Total for County,	...	9925	832	998

Average number of children examined per hour, 10.

Average time taken to examination of each child, 6 minutes.

The average number and average time taken this year work out at exactly the same as in the previous year.

Before the adoption of the modified scheme rendered necessary by Dr. Findlay's absence the average number examined per hour was about 8, the average time taken for each child being about 7.5 minutes. That the corresponding figures for the past two years are respectively 10 and 6 is due, as was explained last year, to the fact that only the eyesight of the children of age groups 7 and 10 had to be tested, while only the children of age groups 5 and 13 required a full medical examination.

The sanitary condition of the schools was dealt with in the first report on School Medical Inspection in the County, and since then considerable improvements have been effected in the various schools and recorded in the succeeding Annual Reports. It was mentioned in last year's report that the existing Lavatory and Cloakroom accommodation at Larbert Central School had received the attention of Larbert School Board with a view to improvement. As yet nothing has been done, a result probably due to war conditions.

During the year the School Medical Inspectors have had less occasion to draw my attention to unfavourable school conditions than in any previous year.

The system of School Medical Inspection has been fully dealt with in former Annual Reports.

Much of the School Nurses' time continues to be occupied in the valuable work carried out by the Joint Medical Treatment Committee in Falkirk and Larbert area.

At page 7 of the Annual Report for the year 1914-15 it is shown how the work of the Sanitary Staff and the School Medical Inspection Staff proper are correlated, especially in the matter of dealing with infectious disease occurring in connection with the schools.

Throughout the year the following departments and schools were closed to prevent the spread of infectious disease:—

Classes II. and III. Infant Department, Cowie Public School; Infant Department, Bothkennar; Infant Department, Carron; Redding Village School; Slamannan Public School; Infant Class II., Carron School; Infant Room, California School; Lowest Infant Class, Carron School; Infant and Junior Departments, Greenhill School; Broomhill Infant School; Auchengean School.

In connection with children who were excluded from school attendance on account of their suffering from, or having been in

contact with, infectious disease, I granted certificates for the following :—

52	children absent from	Denny R.C. School.
26	"	" Bridge of Allan Public School.
90	"	" Cambusbarron School.
83	"	" East Plean School.
145	"	" Bannockburn Public School.
71	"	" Maddiston Public School.
48	"	" Redding Village School.
134	"	" Denny Public School.
155	"	" Longcroft Public School.
18	"	" Dennyloanhead Public School.
66	"	" Fallin Public School.
436	"	" Larbert Village School.
10	"	" Auchengean Public School.
137	"	" Larbert Central School.
126	"	" Slamannan Public School.
131	"	" Carron Public School.
214	"	" Laurieston Public School.

The above procedure, as I have pointed out before, enables the School Board to recover the grant which would otherwise have been lost owing to the non-attendance of these children.

Previous to the routine inspection the parents, as before, were cordially invited to attend; 648 parents, equal to 9.3 per cent., attended. That represents an increase of 1 per cent. in the proportion of parents attending these examinations.

Total number of children examined :—

Entrants,	5 year old boys,	1542
Entrants,	5 year old girls,	1556
Intermediates,	7 year old boys.	374
Intermediates,	7 year old girls,	363
Intermediates,	10 year old boys,	350
Intermediates,	10 year old girls,	398
Leavers,	13 year old boys.	1186
Leavers,	13 year old girls,	1139
		—
		6908

Children examined for vision only :—

7 year old boys,	775
7 year old girls,	770
10 year old boys.	766
10 year old girls.	706
—	—
Total,	9925
Special Cases, number examined,	832
—	—
Total No. of children examined,	10,757

The preceding table shows that in all the age-groups 9925 children came under routine inspection, and 832 special cases were also dealt with, giving a total of 10,757 children examined. That represents a reduction of 1200 examinations, partly to be accounted for by the changes in the staff already recorded.

Number of Children Examined.			Number of Notices Sent.
Routine Inspection, ...	... 6908	3017 } 9925	381 = 5.5% } 6.3%
Special Cases examined for Defects, ...	... 832		244 = 8.1% } 121
Total, ...	... 10,757		746

Out of 9925 children examined in routine inspections, in 625 cases notices were sent to the parents of some defect in the children, representing a percentage of 6.3. Of the 832 special cases, notices were sent with regard to 121.

AMELIORATION OF DEFECTS.

The following tables detail the cases of amelioration in the areas of the two Inspectors:—

AMELIORATION TABLE (EXCLUDING DEFECTIVE VISION).

District.	TONSILS		ADENOIDS		HEART		EARS		VARIOUS		No. of Children reported to nurses	No. of defects reported to nurses	No. of visits paid by nurses	
	Treated	Promised to get treatment	Treated	Promised to get treatment	Treated	Promised to get treatment	Treated	Promised to get treatment	Treated	Nothing done				
Airth,	8	8	16	
Baldernock,	1	..	..	..	..	..	..	..	1	1	1	
Balfour,	1	..	..	..	..	..	..	..	..	..	..
Buchanan,	
Campsie,	
Denny,	
Drymen,	
Dunipace,	3	..	..	..	..	..	..	..	..	..	..
Falkirk (Burgh)	18	6	22	5	50	33	86	22	147	248	163	
Falkirk (Landward),	6	3	2	1	2	..	9	2	22	26	22	
Finsky,	
Gargunnock,	
Grangemouth,	1	8	..	3	9	1	1	5	6	36	36	
Killearn,	
Kilsyth,	7	6	..	1	3	3	3	7	15	38	47	
Kippen,	1	3	..	2	..	..	..	..	9	11	18	
Larbert,	1	3	..	..	8	..	..	..	1	29	29	
Logie,	1	..	..	..	1	..	..	..	14	..	16	
Muiravonside,	4	..	..	2	1	2	1	1	11	..	..
St. Ninian's,	4	6	3	2	3	9	3	47	5	83	35	
Shamannan,	5	..	1	..	..	..	..	10	11	98	
Stirling,	7	..	..	6	1	4	6	..	87	6	10	
Strathblane,	
Total,	35	61	17	35	41	78	42	289	72	563	700	1188

AMELIORATION TABLE—DEFECTIVE VISION.

District.	No. of children notified by School Medical Inspectors.	No. of children waiting visit of Oculist.	No. of children whose parents refused treatment or had left district.	No. of children treated by own Oculist.	No. of children for whom glasses were prescribed.	No. of children otherwise treated.	No. of children who failed to attend clinic.
Airth,							
Baldernock,							
Balfron,							
Buchanan,							
Campsie,							
Deuny,							
Drymen,							
Dunipace,							
Falkirk (Burgh),	202	80	30	8	69	4	7
Falkirk (Landward),	26	8	2		13	2	
Fintry,							
Gargunnock,							
Grangemouth,	100	51	11	4	25	4	
Killearn,							
Kilsyth,	167		54	5	100	5	3
Kippen,							
Larbert,	25		12	2	5	2	4
Logie,							
Muiravonside,	32		20	1	6		
St Ninian's,	46		5	2	32		
Slamannan,							
Stirling,	124		20	1	99	4	
Strathblane,							
Total, ...	802	176	157	25	368	29	47

AMELIORATION TABLE — VERMINOUS CHILDREN.

District.	No. of Children.	No. of Visits.	No. Cleansed.	No. Improved.	Reported to Board.	
					Children	Families.
Airth, ...	...	...	...	...	...	...
Baldernock, ...	...	...	...	...	...	...
Balfron, ...	4	4	4	...	...	...
Buchanan, ...	...	...	...	...	...	...
Campsie, ...	14	47	6	8	...	...
Denny, ...	23	42	9	14	...	...
Drymen, ...	...	...	...	...	...	...
Dunipace, ...	1	2	1	...	...	...
Falkirk (Burgh), ...	96	182	62	34	...	...
Falkirk (Landward), ...	24	44	15	9	...	...
Fintry, ...	...	...	...	...	...	...
Gargunnock, ...	...	...	...	...	...	...
Grangemouth, ...	32	54	25	7	...	...
Killearn, ...	...	...	...	...	...	...
Kilsyth, ...	134	263	46	88	12	5
Kippen, ...	1	1	1	...	...	...
Larbert, ...	53	149	39	14	...	...
Logie, ...	3	6	3	...	...	...
Muiravonside, ...	15	25	9	6	...	...
St Ninian's, ...	49	86	30	19	...	...
Slamannan, ...	6	12	4	2	...	...
Stirling, ...	50	204	32	18	5	3
Strathblane, ...	14	28	14	...	...	...
Total, ...	519	1149	300	219	17	8

In the previous Annual Report I referred to the extreme difficulty experienced by the Oculist, Dr. Gilchrist, in attending to the children with defective vision in the County. During the past year the calls on his time by the military authorities were such that he was unable to overtake any of the work; in fact, he was absent on duty in France for a considerable period.

Under these circumstances, we were exceedingly fortunate in getting the temporary services of Dr. Stewart, of 20 Charing Cross Mansions, Glasgow, who for some years has been the Oculist for the Kilsyth and Balfron School Boards. As a result, practically the whole of the work was successfully overtaken.

During the year the question was raised as to whether parents were paying due regard to the advice of the medical inspectors regarding cases of defective vision. A fairly full survey of past cases was therefore made by the school nurses, and the results of the investigation were most gratifying, as the parents had, with few exceptions, realised the necessity of having their children's defective vision corrected and were more than willing to take the appropriate measures. The names of the few exceptions were transmitted to the Boards concerned for their attention.

Dr. Prangnell reports that he finds quite a number of children with defective vision in one eye which tends to become worse from want of use. He recommends for these that the teacher should give a little extra attention to them by covering for limited periods the better eye and placing the child sufficiently near the blackboard to make use of the defective eye.

The table showing the ameliorative work in connection with defective vision gives the results in tabular form so clearly as to require no explanation.

It may be added that since the end of the school year Dr. Gilchrist has been relieved to some extent from his military duties, and it is anticipated that he will now be able to take up the work as before.

The Amelioration Tables indicate the enormous extent of the work successfully undertaken throughout the year. Last year, as before, it was found that many parents, whenever notified, at once took steps to have defects treated. With the others all that was generally necessary was the exercise of a little tactful supervision on the part of the School Medical Inspectors, School Nurses, and the Teachers. In former years I found it useful to send to the various Boards the names of such cases as had not received ordinary medical attention. Towards these the various Boards acted in the

capacity of after-care Committees with the very best results. This year, however, there has been no cases of this kind of sufficient importance to bring to the notice of the Boards. The only names sent have been those of the few children with defective vision already alluded to, and also eight families in all who were found to be verminous.

CLOTHING.

No. of Children examined.	No. having insufficient clothing.	No. having ragged clothing.	No. having dirty clothing.
Boys, 3452	24	40	39
Girls, 3456	16	20	24
Total Routine, ... 6908	40	60	63
Percentage, ...	.57	.86	.92
Special Cases,	2	9	17

Of the boys examined in routine inspection, 24 were found to have insufficient clothing, 40 ragged clothing, and 39 dirty clothing. As usual the figures with reference to the girls represent a much better state of matters. From year to year a distinct improvement has been noticed with regard to clothing, and this year the percentage of children with defective clothing again shows a reduction. It is to be noted that a child's clothing may be not only insufficient but also ragged and dirty, so that the three groups are not mutually exclusive. The conditions therefore as to clothing are even better than the figures would appear to indicate.

FOOTGEAR.

No. Examined.	No. with unsatisfactory footgear.
Boys, 3452	29
Girls, 3456	12
Total Routine, ... 6908	41 = .59%
Special Cases,	5

In routine inspection 29 boys and 12 girls were found to have unsatisfactory footgear. The percentage this year again shows a reduction as compared with the former year, being .59 per cent., as compared with .86 per cent.

AVERAGE HEIGHTS AND WEIGHTS.

HEIGHTS IN INCHES.

Average Ages,	-	-	-	-	$5\frac{8}{12}$	$7\frac{7}{12}$	$10\frac{9}{12}$	$13\frac{4}{12}$
Boys—Stirlingshire,	-	-	-	-	41·8	45·5	52·0	56·7
„ Standard,	-	-	-	-	41·0	46·0	51·8	56·9
Average Ages,	.	.	.	.	$5\frac{8}{12}$	$7\frac{7}{12}$	$10\frac{9}{12}$	$13\frac{4}{12}$
Girls—Stirlingshire,	-	-	-	-	41·7	45·1	51·4	57·7
„ Standard,	-	-	-	-	40·8	44·5	51·1	57·8

WEIGHTS IN POUNDS (AVOIRDUPOIS).								
Average Ages,	-	-	-	-	$5\frac{8}{12}$	$7\frac{7}{12}$	$10\frac{9}{12}$	$13\frac{4}{12}$
Boys—Stirlingshire,	-	-	-	-	41·1	48·6	61·4	81·4
„ Standard,	-	-	-	-	39·9	49·7	67·5	82·6
Average Ages,	-	-	-	-	$5\frac{8}{12}$	$7\frac{7}{12}$	$10\frac{9}{12}$	$13\frac{4}{12}$
Girls—Stirlingshire,	-	-	-	-	39·6	46·9	61·2	84·5
„ Standard,	-	-	-	-	39·6	46·7	62·0	87·0

Again it is to be noted how steady the average height and weight of the children in Stirlingshire remain. It will be seen, too, how closely the records for the County continue to approximate to the standard height and weight for the various age groups. As noted in former years, the weight of the Stirlingshire boys at age-group 10 and of the girls at age-group 13 is found to be considerably below the standard.

CLEANLINESS OF HEAD AND BODY.

No. Examined,		Head.			Body.	
		Dirty.	Nits.	Vermin.	Dirty.	Vermin.
Boys, ...	3452	6	38	11	10	19
Girls, ...	3456	15	1027	19	12	10
Total Routine, ...	6908	21	1065	30	22	29
Percentages, ...	...	.30	15.3	.43	.31	.41
Special Cases, ...	...	2	10	5	4	25

From year to year a marked improvement with regard to cleanliness of head and body has been able to be recorded. During

the past year this improvement has been continued with regard to body cleanliness. The figures with regard to the head indicate practically the same conditions as in the former year. What keeps the figure so high is the large number of girls in whose hair nits are found. This is still much too high. In saying that, however, one must not lose sight of the great improvement that has taken place when comparison is made with the conditions at the beginning of School Medical Inspection.

When last report on School Medical Inspection was presented to the County Secondary Education Committee, several of the members remarked on the great improvement which is noticeable in the cleanliness of the school children as a result of School Medical Inspection. Especially gratifying was it to hear the remarks of Mr. Fraser, H.M. Inspector of Schools, whose duties, of course, bring him, more than any other member of the Committee, into intimate contact with the children of the County.

After the meeting it occurred to me that the credit for this happy result does not by any means belong exclusively to the School Medical Inspection Staff. Much of the credit in this, as in other branches of medical inspection work, belongs to the teachers, and in the very worst cases the assistance of the various School Boards has to be invoked.

Before the introduction of School Medical Inspection, teachers as a rule refrained from calling the attention of parents to dirty or verminous children. Now, however, many teachers have no hesitation, where necessary, in insisting on parents carrying out their duty in this respect, and they all know that a note to me about any difficult case finds a ready response in a visit from the Medical Inspector or the Nurse. In cases where it is considered advisable the Sanitary Inspector is requested to make a visit. He is able to give general directions as to a thorough cleansing of the home, and he may leave a supply of disinfectants and soap. No case is lost sight of, and in the great majority of cases the fore-mentioned agencies prove sufficient.

After everything has been done there is usually found throughout the year a small residue of cases in which the parents cannot be got to respond to our efforts. All such are reported to the School Boards concerned, who have ample powers to deal with them under the Children Act. It is pleasing to be in a position to record that every School Board in the County recognises its responsibilities in this respect, and in no case of vermin or dirt has the co-operation of a School Board been asked in vain.

CONDITION OF SKIN.

No. Examined.	Head.			Body.			
	Ringworm.	Impetigo.	Others.	Ringworm.	Impetigo.	Scabies	Others.
Boys, ... 3452	6	4	18	1	12	3	8
Girls, ... 3456		9	18	4	7	1	9
Total Routine, 6908	6	13	36	5	19	4	17
Percentages,	.08	.18	.5	.07	.27	.05	.24
Special Cases,	15	13	16	2	5	2	19

The principal affections recorded with regard to the conditions of the skin are ringworm, impetigo, and scabies. The figures with regard to these diseases do not seem to vary much from year to year, although this year they indicate a slight improvement.

NUTRITION.

No. Examined.	Above Average.	Average.	Below Average.	Very Bad.
Boys, 3452	1792	1301	211	148
Girls, ... 3456	1650	1342	279	185
Total Routine, ... 6908	3442	2643	490	333
Percentages,	49.6	38.3	7.1	5.0
Special Cases, ... ..	...	...	5	5

The nutrition of the scholars again was found in most cases to be satisfactory. The percentage of children whose nutrition was rated as average and above average was 87.9, as compared with 76.7 in the former report. There has accordingly been a great reduction in the percentage of children with nutrition below the average, being in this report 7.1 as compared with the former, in which it was 18.2. During the year it was not found necessary to open centres for providing meals for school children.

TEETH.

No. Examined.	Sound.	1 to 4 decayed.	5 or more decayed.	Oral Sepsis.
Boys, ... 3452	760	1998	694	15
Girls, ... 3456	676	2057	723	12
Total Routine, 6908	1436	4055	1417	27
Percentages, ..	21.3	58.3	20.4	.38
Special Cases, ...	...	...	...	...

The returns indicate this year also that there is little, if any, improvement as compared with the previous year. As was remarked in the former report, it is to be regretted that greater attention is not given to the subject of the teeth, and especially when it is considered how much one's health depends on the teeth being sound.

In last year's report it was stated that the only part of the County where dental treatment had been provided was that represented by the Falkirk and Larbert district Joint Medical Treatment Committee. In that report I strongly emphasised the urgency of the problem of the teeth, and suggested that other Boards should take up the matter at once and not wait till the conclusion of the war. As a result I was invited to attend a meeting of Sub-Committee of Stirling School Board in February at which they considered the question of dental treatment of the children in attendance at the Burgh Schools.

Fully two years previously the Board had given much thought to the question, had purchased all the necessary apparatus, and had even entered into an agreement with a local dentist to undertake the work. Owing to the war, however, the matter was allowed to lie in abeyance until February of 1917, when the Board considered that a start could with advantage be made, although on a small scale, leaving a fuller development of the work until after the war.

At the outset various facts required to be fully recognised, and first of all the extent of the problem. It was pointed out that it was no exaggerated estimate to say that the average number of diseased teeth per scholar among those on the roll would probably amount to five at least. Again, the amount of money available for the purpose of dental treatment was not large. Also, only limited calls could be made upon the time of the dentist engaged, as his assistant was serving with the army.

As every one knows, nature supplies to every individual two sets of teeth, the temporary, deciduous or milk teeth, and the so-called permanent teeth. The most critical time in dentition is the period of transition from the temporary to the permanent, and therefore the Board wisely resolved to begin with all children aged six to eight years. The first step was for the dentist to make a complete dental survey of all the children belonging to the six to eight age-period, and to make careful notes of the dental condition of each. He was thus in a position to deal in the first instance with the most urgent cases, the less urgent to receive his attention afterwards. The following year all the children examined would again be passed under review, in addition to every child who had attained to the age of six years. Proceeding on the foregoing plan from year to year, it would work out that at the end of six years all the children on the roll from six years of age to fourteen years would have their teeth examined annually by a dentist. It will therefore be recognised that though this is only a modest beginning, the

work has been organised on a proper system, and will gradually develop into a complete scheme. It seemed to me most desirable that the benefits of such a scheme should be available over as wide a district as possible, and I therefore lost no time in writing to the Clerks of St. Ninian's Parish School Board and Logie Parish School Board strongly suggesting that these Boards should take an early opportunity of conferring with the Stirling Burgh School Board with a view to the formation of a joint scheme. It was decided, however, that each of the Boards make its own arrangements, and I accordingly attended meetings of the St. Ninian's Parish School Board and Logie Parish School Board, at which my views were unanimously endorsed. I was able also to assist in drawing up a suitable scheme for each and in framing estimates for the approval of the Education Department. Unfortunately, however, the dentists in Stirling were so busy owing to the war that it was impossible for these two Boards to find a dentist able to take up the new work, the Boards being therefore very reluctantly compelled to defer their dental schemes.

DENTAL TREATMENT TABLE.

District.	No. of Children notified as requiring treatment.	No. of Children whose parents refused treatment.	No. of Children treated by own dentist.	No. of teeth extracted.	No. of Children who had teeth filled.	No. of children who had teeth filled.	No. of children who failed to appear at Clinic.	No. of Children waiting treatment.
Airth, ...	... 124 21)	8 62 5	... 3 ... 159	6 48 14 7 2	38 193 52 42 34	... ... ... ... 164	3 3 14	... 8 1 58 2 2 37 9 3
Denny, ...	...	...	...	...	...	...	...	...
Dunipace,	...	...	...	...	...	...	...	...
Falkirk (Borough),	...	...	...	...	...	...	...	...
Falkirk (Landward),	...	...	...	...	...	...	...	...
Grangemouth, ...	173 129 ...	59 62 16	6 4 13	57 39 22 6	348 207 114 40	... ... ... ... 112	15 15 8 5 3	...
Larbert,	...	...	...	...	...	...	...	...
Muiravonside,	...	...	...	...	...	...	...	...
Slamannan,	...	...	...	...	...	...	...	...
Stirling (Borough) ...	220	18	13	53	78	211	3	58
Total, ...	1129	446	37	321	1408	112	211	77
								173

Average number of teeth extracted per child, 4.4.

Average number of teeth filled per child in Stirling Borough—1.8.

In Stirling Burgh excellent work has been done by Mr. Somerville. I would specially draw attention to the results of dental treatment in Stirling Burgh in the dental treatment table. There it will be seen that the special feature of Mr. Somerville's work is the large number of fillings which have been successfully done. The rest of the table shows the large amount of important work accomplished by the two part-time dentists engaged by the Joint Medical Treatment Committee of the Falkirk and Larbert area. The direct advantages of dental treatment are apparent, and if all children were brought under the dentist's supervision other advantages would be possible; for example, the dentist would be able to inform the child as to the best way to keep his teeth clean, also the kinds of food which ought to be eaten, and other such matters, all of which would be bound to be reflected in an improved condition of the child's health.

NOSE AND THROAT.

No. Examined.	Nasal Catarrh	Obstruction.	Tonsils.		Adenoids.	
			Slightly enlarged.	Markedly enlarged	Probably Present.	Present.
Boys, ...	3452	504	34	611	50	22
Girls, ...	3456	436	26	754	45	17
Total Routine,	6908	940	60	1365	95	39
Percentages, ...		13.5	.8	19.6	1.3	.56
Special Cases, ...	...	4	10	7	7	...

The percentage with regard to nasal catarrh, namely 13.5, seems somewhat high as compared with former years. The reason is that formerly only cases of chronic nasal catarrh were recorded, but the Education Department now ask us to take cognisance of all cases of nasal catarrh, including, of course, what are popularly called "running colds." With regard to adenoids, there is a feeling that operative interference is not resorted to in all cases where it would be beneficial, the family doctor being probably influenced by the opposition of some parents to anything partaking of the nature of an operation.

LYMPHATIC GLANDS.

No. Examined.	Submaxillary.				Cervical		
	Palp'bly enlarged.	Marked-ly enlarg'd.	Suppur-ating.	Cica-trices.	Palp'bly enlarged.	Marked-ly enlarg'd.	Cica-trices.
Boys, ...	3452	267	19	33	117		7
Girls, ...	3456	254	15	26	127	1	12
Total Routine,	6908	521	34	59	244	1	19
Percentages, ...		7.5	.4	.02	3.4	.01	.27
Special Cases, ...	...	4	4	...	...	...	...

This year again there has been a slight reduction in the number of children with enlarged lymphatic glands as compared with last year's results. Last year a very marked reduction was noted, and it was remarked that the improvement might be partly due to improved home conditions.

EXTERNAL EYE DISEASE.

No. Examined.	Blepharitis,	Con-junctivitis.	Corneal Opacity.	Strabismus.	Other Diseases.
Boys, 4993	37	9	6	82	21
Girls, 4932	44	10	11	86	34
Total Routine, ... 9925	81	19	17	168	55
Percentages, ... ...	.81	.19	.17	1.69	.55
Special Cases,	6	13	5	17	22

The figures with regard to external eye disease continue to be wonderfully constant. Occasionally the conditions noted are fairly acute; usually, however, they yield to simple remedies if applied in time. All cases of strabismus or squint are seen on the earliest possible occasion by the Oculist, as the sight of the squinting eye tends to become progressively worse unless the defect is corrected.

VISUAL ACUITY.

No. Examined.	Good Vision.	Fair Vision.	Bad Vision	One Eye Defective.
Boys, ... 3451	2197	837	280	137
Percentages, ...	63.7	24.2	8.1	4.0
Girls, ... 3876	1920	990	333	133
Percentages, ...	56.9	29.4	9.8	3.9
Total Routine, ... 6827	4117	1827	613	270
Percentages, ...	60.3	26.7	9.0	4.0
Special Cases, ... ...	...	13	82	18

The figures here are fairly uniform from year to year. I have before dwelt on the fact that the general visual acuity of boys is better than in the case of girls, and I have in a former report discussed the probable causes for the difference.

The Oculists' work in the various districts is detailed under the heading of Amelioration.

EARS.

No. Examined.	Otorrhœa.	Wax.	Other Diseases.
Boys, ...	3452	32	22
Girls, ...	3456	24	9
—	—	—	—
Total Routine, ...	6908	56	31
Percentages, ...	...	.75	.44
—	—	—	—
Special Cases, ...	...	13	1
—	—	—	...

It is well to reiterate from year to year what a serious affection otorrhœa may be. It is often a relie of Scarlet Fever or one of the serious sequelæ of measles. If that fact were properly recognised by parents, and these diseases, especially measles, received the attention and care necessary, a marked reduction would result in the number of cases of otorrhœa in school children.

HEARING.

No. Examined.	Good.	Slightly Deaf	Markedly Deaf.
Boys, ...	3829	108	15
Girls, ...	3870	69	17
—	—	—	—
Total Routine, ...	6699	177	82
Percentages, ...	96.98	2.57	.45
—	—	—	—
Special Cases, ...	...	2	8
—	—	—	—

The percentage of children markedly deaf during the previous year was .5; in this report it is slightly less, namely .45. Although these percentages are small, this difficulty is a serious handicap to those affected. Many of the cases were due to otorrhœa, which, as I have said, can often be avoided entirely by proper attention to children suffering from measles.

SPEECH.

No. Examined.	Defective Articulation.	Stammering.
Boys, ...	23	19
Girls, ...	16	1
—	—	—
Total Routine, ...	89	20
Percentages, ...	.56	.28
—	—	—
Special Cases, ...	1	1
—	—	—

The figures here are in accordance with the general rule that boys are much more subject to defects of speech than are girls.

MENTAL CONDITION.

No. Examined.	Dull or Backward.	Mentally Defective.
Boys, 3452	74	1
Girls, 3456	55	3
<hr/>	<hr/>	<hr/>
Total Routine, 6908	129	4
Percentages,	1.8	.05
<hr/>	<hr/>	<hr/>
Special Cases,	2	4

The figures show that a larger percentage of boys than of girls was found to be mentally dull or backward. This is probably due, as was formerly remarked, to the mentality of girls being of relatively quicker development than in the case of boys. The percentage of children mentally defective is very small—.05 per cent., being equal to 5 per 10,000.

HEART AND CIRCULATION.

No. Examined.	Organic	Disease.	Functional	Anaemic.
	Congenital	Acquired.	Disease.	
Boys, ... 3452	3	66	22	10
Girls, ... 3456	1	34	23	26
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Routine, ... 6908	4	100	45	36
Percentages, ...	.05	1.4	.6	.5
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Special Cases, ...	..	...	1	1
				1

Although the figures here are not large, the precaution is taken of informing the parents as to the need of care in all cases of organic disease of the heart. The parents are requested to bring the children under the family doctor's attention unless he previously knows of the condition. Functional diseases mostly yield to remedial measures.

LUNGS.

No. Examined.	Bronchial	Chronic	Tuber-	Tuber-	Other
	Catarrh.	Bronchitis	culosis.	closis Suspected	Diseases.
Boys, ... 3452	107	14		7	2
Girls, ... 3456	86	16	1	9	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Routine, ... 6908	193	30	1	16	2
Percentages, ...	2.7	.43	.01	.23	.02
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Special Cases, ...	1	1	1	5	1

The percentages here are small, the largest being 2.7 in the case of bronchial catarrh. As a rule, this is a passing phase of what is termed a "cold," and is found to be most prevalent during the winter and early spring months. The percentage diagnosed as suffering from tuberculosis of lungs is remarkably small, being .01, which is equal to 1 per 10,000. It is well known that this condition, as a rule, yields readily to treatment if the children are put under good conditions as to food and housing. There have been excellent results in several cases of school children sent to sanatoria on my advice by the County Tuberculosis Committee.

NERVOUS SYSTEM.

No. Examined.	Epilepsy.	Chorea.	Infantile Paralysis.	Other Diseases.
Boys, 3452	1	...	8	...
Girls, 3456	2	1	12	1
Total Routine, ... 6908	3	1	20	1
Percentages, ...	.04	.01	28	.01
Special Cases, ...	1	3	1	...

The number of children found with diseases of the nervous system is fortunately small. The numbers found with infantile paralysis, due to acute anterior poliomyelitis, are relatively the same as last year. This disease on account of its liability to take on an epidemic form has been made notifiable over the greater part of Scotland.

TUBERCULOSIS (NON-PULMONARY).

No. Examined.	Glandular.	Bones and Joints.	Abdominal.	Others.
Boys, 3452	6	7	...	2
Girls, 3456	12	4	...	4
Total Routine, ... 6908	18	11	...	6
Percentages, ...	.26	.15	...	.08
Special Cases, ...	2	...	...	1

The percentage of children affected with Tuberculosis of glands and also of bones and joints continues to be small. No cases of abdominal Tuberculosis have been recorded.

RICKETS.

No. Examined.				Slight.	Marked
Boys,	...	...	...	3452	46
Girls,	...	...	...	3456	10
Total Routine,	...	...	...	6908	56
Percentages, ...	...	...	...		.75
Special Cases,	...	...	...		...

It will be noticed from the table that far more boys than girls have been found during the year to suffer from rickets. The same fact has been observed in former years, and it is difficult to find an adequate reason for it. There would, however, appear to be some cause which operates more in the case of boys than of girls.

DEFORMITIES.

No. Examined.				Congenital.	Acquired (Non-Rachitic).
Boys,	...	...	...	3452	7
Girls,	...	...	...	3456	4
Total Routine,	...	...	...	6908	11
Percentages, ...	...	...	...		.15
Special Cases,	...	...	...		4

Deformities are divided into congenital and acquired, the latter excluding all deformities due to rickets. Under congenital deformities it was found that 0.15 per cent. of the children were affected, while under acquired deformities the percentage was 0.66.

INFECTIOUS DISEASES.

No. Examined.		Scarlet Fever.	Whooping cough.	Measles.	Mumps.	Chicken-pox.
Boys,	...	3452	1	8	1	3
Girls,	...	3456	...	2	...	2
Total Routine,	...	6908	1	10	1	5
Percentages, ...	...		.01	.1	.01	.07
Special Cases,	...	...	1	..	...	1

This year the number of cases of infectious disease found by the Medical Inspectors in school has not been large. That is probably due to the care exercised by the teachers in excluding from school all children who show suspicious symptoms of illness. There is no doubt that this carefulness on the part of the teachers very often helps to prevent the spread of infectious disease. In

several districts where scarlet fever was epidemic I made a survey of all the children attending school, but did not find a single case with suspicious symptoms, a result which is much to the credit of the teachers.

OTHER DISEASES OR DEFECTS.

No. Examined.	Hernia.	General Debility.	Enuresis.	Enlarged Thyroid.	Others.
Boys, 3452	7	...	1	6	17
Girls, 3456	3	...	1	22	7
Total Routine, ... 69·8	10	...	2	28	24
Percentages, ... ...	.1	...	.02	.39	.34
Special Cases, ... ...	...	2	4	...	7

It will be noted that this year again the number of boys suffering from hernia (rupture) was larger than was found among the girls. This disparity is due to developmental causes. One boy and one girl had enuresis, while the boys with enlarged thyroid were 6, as compared with 22 girls. Last year the figures were respectively 4 and 27, which would seem to indicate a greater tendency to enlarged thyroid among girls than among boys. It would be extremely interesting to know the reason of such variations.

SPECIAL SCHOOLS OR CLASSES.

In the County of Stirling there are still no special schools or classes for physically or mentally defective children. This matter was fully dealt with in my Annual Reports for 1913-14 (pages 11 and 12) and 1914-15 (pages 34 and 35).

ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

Provision of School Baths.—This matter was discussed in my Annual Reports for 1914-15 (page 35) and 1915-16 (pages 29 and 30). There is therefore little new to be written. It may be said, however, that as a result of conversations with educationists one is convinced that all progressive education authorities thoroughly believe in the usefulness of school baths and in their educative influence.

The difficulty at present, however, is how to obtain the money and the labour for such undertakings. In this connection it may be mentioned that in July, 1917, the Scotch Education Department issued a minute dealing with the question of "Grants in Aid" to Local Education Authorities providing "School Play Centres" in Scotland, in such cases as receive the approval of the Scotch Education Department, who may make a grant equal to not more than one-half of the approved net expenditure.

These play centres are, of course, meant for purposes of recreation and instruction, and it is to be hoped that the Department's minute therefore covers the provision and maintenance of school baths.

TABULAR STATEMENT OF NURSES' FOLLOW-UP WORK.

Medical Inspector's Areas.	No. of Children reported.	No. of visits.	No. of conditions reported.	No. of cases of defective vision, including external eye disease.	No. of cases with disease of nose, throat, ear, or mouth.	No. of cases of dirt and vermin.	Various defects and diseases.
Dr Gardner (a) Ordinary Routine Work (b) Eye Work (c) Dental Work.	1387 600 847	1606 1200 847	1437 See Am Defec See Am Dental	497 elioratio n Table: tive Vis elioratio n Table: Treatment.	743 on Table: ion. elioratio n Table: Treatment.	373	160
Dr Prangnell (a) Ordinary Routine Work (b) Eye Work (c) Dental Work.	631 202 282	719 404 282	804 See Am Defec See Am Dental	220 elioratio n Table: tive Vis elioratio n Table: Treatment.	416 on Table: ion. elioratio n Table: Treatment.	96	108
Totals ...	3949	5058	2241	717	1159	469	268

NURSES' WORK.

The foregoing table gives as far as possible a tabular representation of the valuable work accomplished by the School Nurses.

The figures indicate the important nature and extent of the Nurses' activities, without which much of the effort in School Medical Inspection would be fruitless.

In addition to the work comprised in the Tabular Statement, the Nurses also give much time in assisting the Dentists and Oculists at the various clinics in the County.

THOMAS ADAM,

School Medical Officer.

TABLE I.—ANALYSIS OF THE RESULTS

CONDITIONS FOUND.	BOYS.		5 Age Group.		7 Age Group.	
	No. of Children.	Ratio per cent.			No. of Children.	Ratio per cent.
No. Examined, -	1542		374			
*Poorly Nourished,	194	12.6	16		4.2	
Verminous Head,	8	.5				
Dirty Body,	16	1.0	1		.2	
Carious Teeth { 1-4,	846	54.9	179		47.7	
{ *5 and over,	405	26.3	155		41.3	
*Mouth Breathing,	7	.45	7		1.8	
*Enlarged Tonsils,	359	23.3	60		16.0	
*Adenoids,	21	1.3	15		4.0	
*Enlarged Glands,	225	14.6	75		20.0	
*External Eye Disease,	47	3.0	14		3.7	
*Defective Vision { One Eye,	(Not Examined).		9		2.4	
{ Both Eyes,			26		6.9	
*Ear Disease,	21	1.3	10		2.6	
*Defective Hearing,	2	.1	2		.5	
*Defective Speech,	11	.7	7		1.8	
*Mentally Defective,						
*Abnormal Condition of Heart,	81	5.2	5		1.3	
*Abnormal Condition of Lungs,	105	6.8	9		2.4	
*Chorea,						
*Other Nervous Diseases,	6	.39	1		.2	
*Tuberculosis { Pulmonary,						
{ Other Forms,	7	.45	1		.2	
*Rickets,	36	2.3	8		2.1	
*Deformities,	12	.78	2		.5	
*Skin Diseases,	33	2.1	2		.5	
*Infectious Diseases,	14	.9				
*Anaemia,	9	.58				
*All Other Diseases or Defects,	19	1.2				
Unvaccinated Children,	702	45.6	202		53.9	
Mothers Employed Away,	54	3.5	10		2.6	
Children Employed,						
Clothing—Not Satisfactory,	14	.9	4		1.0	
Footgear—Not Satisfactory,	7	.45	2		.5	
Parents Present,	260	16.9	25		6.6	
Consumption in Family,	19	1.2	5		1.3	
Already under Medical Attention,	15	.97	5		1.8	
No. of Defective Children,	983	68.9	258		68.8	
(i.e., with conditions marked thus *)						

OF ROUTINE MEDICAL INSPECTION, 1916-17.

BOYS.

10 Age Group.		13 Age Group.		Total	Com-	Ratio
No. of Child- ren.	Ratio per cent.	No. of Child- ren.	Ratio per cent.	No. of Child- ren.	Ratio per cent.	per cent. for 1915- 1916.
350		1186		3452		
5	1.4	144	12.1	859	10.4	22.2
		8	.25	11	.8	.2
2	.5	11	.9	80	.87	1.1
222	63.4	751	63.1	1998	57.9	63.5
69	19.7	65	5.4	694	20.1	16.1
2	.5	9	.7	25	.7	.4
33	9.4	209	17.5	661	19.1	14.9
7	2.0	12	1.0	55	1.5	.8
33	9.4	73	6.1	406	11.7	12.0
18	5.1	29	2.4	108	8.1	8.1
16	4.5	50	4.2	75	3.9	2.9
24	6.8	91	7.6	141	7.8	5.1
9	2.5	16	1.3	56	1.6	1.3
2	.5	9	.7	15	.44	.6
7	2.0	17	1.4	42	1.2	.9
		1	.1	1	.02	.07
4	1.1	38	3.2	128	9.7	2.4
2	.5	14	1.2	180	3.8	3.2
		3	.25	10	.2	.39
						.02
1	.2	6	.5	15	.44	.3
5	1.4	25	2.1	74	2.1	2.8
		13	1.1	27	.78	.95
1	.2	16	1.3	52	1.5	2.1
				14	.4	.48
				1	.2	.63
				12	1.0	1.14
28	8.0	58	4.8	990	28.7	27.1
8	2.2	29	2.4	101	2.9	1.68
9	2.5	138	11.6	147	4.2	4.2
3	.8	23	1.9	44	1.3	1.6
2	.5	18	1.5	29	.8	.8
2	.5	13	1.1	300	8.7	8.1
6	1.7	17	1.4	47	1.4	.9
1	.2	6	.5	27	.78	1.7
153	43.7	552	46.4	1946	56.4	57.3

TABLE II.—ANALYSIS OF THE RESULTS

GIRLS.

CONDITIONS FOUND.	5 Age Group.		7 Age Group.	
	No. of Children.	Ratio per cent.	No. of Children.	Ratio per cent.
No. Examined, -	1556		363	
*Poorly Nourished,	290	18.6	18	4.9
Verminous Head,	13	.8	1	.2
Dirty Body,	9	.6	3	.8
Carious Teeth { 1-4,	848	54.3	173	47.7
{*5 and over,	419	26.8	156	43.0
*Mouth Breathing,	2	.1	7	1.9
*Enlarged Tonsils,	424	27.1	48	13.2
*Adenoids,	12	.7	15	4.1
*Enlarged Glands,	186	11.9	68	18.7
*External Eye Disease,	66	4.2	23	6.3
*Defective Vision { One Eye,	(Not Examined).		14	3.8
{ Both Eyes,			26	7.1
*Ear Disease,	14	.9	8	2.2
*Defective Hearing,	2	.1	3	.8
*Defective Speech,	4	.2	3	.8
*Mentally Defective,				
*Abnormal Condition of Heart,	32	2.0	2	.5
*Abnormal Condition of Lungs,	90	5.7	6	1.6
*Chorea,			1	.2
*Other Nervous Diseases,	8	.5	1	.2
*Tuberculosis { Pulmonary,			2	.5
{ Other Forms,	7	.4	4	1.1
*Rickets,	19	1.2	5	1.8
*Deformities,	8	.5	1	.2
*Skin Diseases,	29	1.8	5	1.3
*Infectious Diseases,	4	.2		
*Anæmia	15	.96		
*All Other Diseases or Defects,	9	.6		
Unvaccinated Children,	741	47.4	166	45.8
Mothers Employed Away,	40	2.5	8	2.2
Children Employed,				
Clothing—Not Satisfactory,	16	1.0	1	.2
Footgear—Not Satisfactory,	6	.3	1	.2
Parents Present,	304	19.4	23	6.3
Consumption in Family,	14	.9	5	1.3
Already under Medical Attention,	14	.9	8	2.2
No. of Defective Children, -	1011	64.7	244	67.8
(i.e., with conditions marked thus *)				

OF ROUTINE MEDICAL INSPECTION, 1916-17.

GIRLS.

10 Age Group.		18 Age Group.		Total Combined Ages.		Ratio per cent.
No. of Children.	Ratio per cent.	No. of Children.	Ratio per cent.	No. of Children.	Ratio per cent.	for 1915-1916.
898		1189		3456		
14	3.5	141	12.4	463	13.4	24.3
		5	.4	19	.5	.57
5	1.2	4	.3	21	.6	.8
820	80.3	716	62.0	2057	59.6	64.6
54	18.5	94	8.2	723	20.9	16.1
6	1.5	3	.2	18	.5	.28
39	9.8	288	25.8	799	23.1	16.5
12	3.0	9	.7	48	1.3	.5
50	12.5	93	8.1	397	11.5	13.6
23	5.7	40	3.5	152	4.4	3.7
26	6.5	41	8.6	81	4.2	3.1
23	5.7	107	9.4	156	8.1	8.4
3	.7	9	.79	34	.9	.9
2	.5	9	.79	16	.46	.37
4	1.0	6	.5	17	.49	.6
		3	.2	3	.08	.02
3	.7	12	1.0	49	1.42	1.7
4	1.0	10	.8	110	3.1	2.5
				1	.02	.02
3	.7	3	.2	15	.44	.3
1	.2			3	.08	.12
2	.5	5	.4	18	.5	.4
3	.7	8	.7	35	1.0	.9
3	.7	10	.8	22	.68	.7
3	.7	10	.8	47	1.4	2.1
				4	.1	.35
		11	.9	26	.7	.28
3	.7	22	1.9	34	.9	1.1
35	8.7	57	5.0	999	28.9	25.5
12	3.0	32	2.8	92	2.6	1.66
4	1.0	27	2.3	31	.8	.83
2	.5	6	.5	25	.7	.83
1	.2	4	.3	12	.3	.37
4	1.0	17	1.4	348	10.0	8.8
4	1.0	17	1.4	40	1.1	1.4
4	1.0	11	.9	37	1.07	1.5
177	44.4	617	54.2	2049	59.4	58.9

TABLE III.—ANALYSIS OF THE RESULTS OF
ROUTINE MEDICAL INSPECTION, 1916-17.

TOTAL COMBINED AGES AND SEXES.

CONDITIONS FOUND.	No. of Children.	Ratio per cent.	Ratio per cent. for 1915-16.
No. Examined, - - - -	6908		
*Poorly Nourished, - - - -	822	11.8	23.3
Verminous Head, - - - -	80	.43	.37
Dirty Body, - - - -	51	.7	.96
Carious Teeth { 1-4, - - - -	4055	55.3	64.1
{ *5-8, - - - -	1417	20.4	16.1
*Mouth Breathing, - - - -	43	.6	.35
*Enlarged Tonsils, - - - -	1460	21.0	15.6
*Adenoids, - - - -	103	1.48	.6
*Enlarged Glands, - - - -	803	11.5	12.8
*External Eye Disease, - - - -	260	3.7	3.4
*Defective Vision { One Eye, - - - -	156	4.1	3.0
{ Both Eyes, - - - -	297	7.7	6.7
*Ear Disease, - - - -	90	1.29	1.1
*Defective Hearing, - - - -	31	.44	.5
*Defective Speech, - - - -	59	.8	.77
*Mentally Defective, - - - -	4	.05	.05
*Abnormal Condition of Heart, - - - -	177	2.54	2.1
*Abnormal Condition of Lungs, - - - -	246	3.4	2.8
*Chorea, - - - -	1	.01	.02
*Other Nervous Diseases, - - - -	25	.3	.35
*Tuberculosis { Pulmonary, - - - -	3	.04	.07
{ Other Forms, - - - -	33	.47	.35
*Rickets, - - - -	109	1.5	1.6
*Deformities, - - - -	49	.7	.8
*Skin Diseases, - - - -	99	1.1	2.1
*Infectious Diseases, - - - -	18	.2	.4
*Anæmia, - - - -	36	.5	.45
*All Other Diseases or Defects, - - - -	65	.93	1.1
Unvaccinated Children, - - - -	1989	28.6	26.3
Mothers Employed Away, - - - -	193	2.7	1.7
Children Employed, - - - -	178	2.56	2.5
Clothing—Not Satisfactory, - - - -	69	.99	1.2
Footgear—Not Satisfactory, - - - -	41	.5	.59
Parents Present, - - - -	648	9.3	8.4
Consumption in Family, - - - -	87	1.25	1.1
Already under Medical Attention, - - - -	64	.92	1.6
No. of Defective Children, - - - -	8995	57.5	58.1
(i.e., with conditions marked thus *)			

TABLE IV.—ANALYSIS OF THE RESULTS OF NON-ROUTINE MEDICAL INSPECTION, 1916-17.

	CONDITIONS FOUND.	NO. OF CHILDREN.
No. Examined,	.	832
No. Entered on Card,	.	344
*Poorly Nourished,	.	10
Verminous Head,	.	9
Dirty or Verminous Body,	.	29
*Carious Teeth (4 and over),
*Mouth Breathing,	.	5
*Enlarged Tonsils,	.	14
*Tonsilitis,
*Adenoids,
*Enlarged Glands,	.	8
*Other Defects of Nose and Throat,	.	11
*External Eye Disease,	.	63
*Defective Vision (One Eye),	.	18
(Both Eyes),	.	82
*Ear Disease,	.	14
*Defective Hearing,	.	8
*Defective Speech,	.	2
*Mentally Defective,	.	4
*Abnormal Condition of Heart,	.	3
*Abnormal Condition of Lungs,	.	8
*Chorea,	.	3
*Other Nervous Diseases.,	.	2
*Tuberculosis { Pulmonary,	.	1
Other Forms,	.	3
*Rickets,
*Deformities,	.	4
*Skin Diseases,	.	72
*Infectious Diseases,	.	2
*Anaemia,	.	1
*General Debility,	.	2
*All other Diseases or Defects.,	.	11
Parents Present,	.	8
Already under Medical Attention,	.	24
Clothing—Not Satisfactory,	.	17
Footgear—Not Satisfactory,	.	5
Notices Issued :—		
M.T. Forms,	.	119
Card A,	.	2
,, B,
,, G,	,	9
,, D,	.	1
,, E,	.	1
,, F,

